

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">09/934358</div>	<small>FILING DATE</small> 					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	25		1		3			1		1		1	
TOTAL DEP.	12		1		5			1		1		1	
TOTAL CLAIMS	19		2		8			2		2		2	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1350 (REV. 3-78)

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